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ARTICLE I.—*Synopsis of Yellow Fever, with its Pathology and Treatment, as it appeared at the Marine Hospital, Quarantine, N.Y. during 1854 and 1855.*—By THEOD. WALSER, M.D., Assistant Surgeon.

The first cases of yellow fever were received by the Empire City, from Havana, when four patients were admitted July 4, of whom two died and two were discharged. All of these were Americans, and residents in Cuba during the prevalence of the epidemic there, and to escape which they embarked for home. No more were received until the Augusta, from Savannah, anchored on August 29. She had lost one man, a passenger, during her voyage, and eight more sent to the Marine Hospital with yellow fever, during the time of her Quarantine. Only a few days afterwards, the Alabama, the Knoxville, the Florida, and subsequently the James Adyer, the Pocahontas, the Southener, the Columbia, all from Savannah or Cuba, left in altogether fifty cases in our care, of whom twenty-four died and twenty-six were discharged. During the whole summer, no other cases occurred in this Hospital or on board of any vessel but those named above who came from an infected part. We

except, however, a New York longshoreman, who was engaged in unloading the cargo of an infected vessel, and who, while on board, was attacked with the disease and died of yellow fever, although he had never left New York. In 1855, ten cases came under our observation and treatment; five of these were received from vessels from New Orleans, two from small coasters between James River and New York, two more of railroad from Norfolk, and one from the United States ship Falmouth, from Key West. All were sailors with the exception of two, who came by railroad. The first five were ashore in New Orleans or Cuba, and attacked in from one to five days after leaving port; the two from the coasters never came nearer Norfolk than six miles, the wind blowing from that direction; of the two cases received by railroad, one, Mountani, was attacked immediately after arriving in New York, and the other, three days after leaving Norfolk. Among those whom we received here, we regret that very few came under our treatment at the commencement of the disease—almost all were in an advanced stage already, and many were admitted in a hopeless condition.

From what we could learn of the patient, and from what we observed, we had premonitory symptoms only in a few cases, and then of such character that they could scarcely be defined. In almost all the cases the disease was suddenly ushered into existence with pain in the head, pain in the back of the neck, and small of the back, languor, &c. Sometimes with a short chill, but more frequently not even with this. The attack was generally so sudden and so violent, that any further labor and exertion became impossible, and scarcely was the patient able to continue his usual occupation even a day after its onset. The character of the disease manifested itself further, in an excited, frequent, full and strong pulse, injection of the conjunctiva, the weary eye suffused with tears, the prominent, lustrous cornea, the coated tongue, first thickened and white, afterwards whitish, with clean red tip and edges, the flushed face, hot skin, and general debility.

After the lapse of the first twenty-four hours, a slight remission ensues, headache partially disappears, the pain becomes somewhat milder, the injected eye loses its lustre somewhat, but

to the careful observer, the brilliant conjunctiva is slightly tinged with sulphur-yellow, the red tip and edges of the now more thickly coated tongue become more distinctly visible, the pulse becomes feebler and often slower, a slight heaviness in the epigastric region, pain on pressure, a morbid excitability or restlessness, and at the same time a general debility and weakness follow the first attack, which scarcely admit this so called stage of remission to be considered an amelioration of the symptoms.

So uniform as the initiatory symptoms of yellow fever may be, so widely will they differ after a lapse of twenty-four or thirty-six hours—for in the more malignant forms, black vomit may then set in, and the patient in a few hours more is a yellow corpse; in others, not so rapid in their course, the same order of symptoms continues with scarcely any alteration, for two, three or six successive days, when suddenly the patient is taken with a chill, and in an hour or two he is a corpse. Among these latter cases, I remember particularly a Norwegian sailor, sick for four days—pulse 92, full—his eye but slightly tinged, and only a remaining dulness and stupidity, warning the physician of the danger—he was suddenly taken with a violent chill—shivering as if with common ague—an hour afterwards he was a yellow corpse—the autopsy revealing all and only the characteristics of yellow fever. In other cases, again, the patient becomes more dull and stupid—indifferent to himself and all around him—his pulse remains from 100 to 120—full, but irregular. The watery eye becomes by degrees more and more yellow, until the conjunctiva presents a deep orange color. The surface of the body itself gradually participates in this discoloration—the secretion of urine is scanty, yellow, and oil-like—the gums begin to bleed—the tongue resembles raw beef, coated with purple blood—thick, black sordes cover the teeth, the upper eyelids become gradually blue, (ecchymosed)—small purple spots of the size of a hemp seed (ecchymosis) appear, chiefly on the face, breast, and back. Black vomit or egestion of a copious, brownish mass (vomito) takes place—stools even participate of the character of black vomit—copious, bright, black, gelatinous evacuations follow; his eyes, before watery, now

exude a bloody serum—his nose, his ears begin to bleed—until, indifferent to life or death, the patient sinks to his grave.

But not all the cases which we have had the misfortune to lose, died in this manner; some retained their power of mind almost entire. After a few days, the initiatory symptoms and pains leave the patient, and only restlessness, want of sleep, and a general uneasiness remains—his pulse remains quick—his eye deepens its yellow hue. The patient is able to converse on all and every topic rationally—his animal propensities may even be increased, but still the experienced physician sees in his eye and face, death lurking, and soon, too soon, finds his fears verified in the black vomit, the never-failing precursor of approaching death. But even this does not concern the patient, he ejects it as tobacco juice, with equally as much ease and force, until suddenly and unexpectedly he dies. Others, with the same tranquility of mind, and the same symptoms, show approaching dissolution in the bleeding gums, mouth, ears, and nose. The prognosis of an uninterrupted convalescence, could only be made in five or six days after the first attack of the disease, although even at an earlier period we may reasonably entertain hopes of a favorable issue. In these cases the pain in the back and head gradually disappears, the mind becomes clearer and more rational—the pulse becomes slower, but feeble and regular, falling, in most cases, even far below the normal standard, (a symptom which I never observed in any case that ended fatally). The tongue changes to a more uniform color, the red tip and edges disappearing—the secretion of urine becomes more free and copious, mostly leaving a whitish sediment on the bottom of the vessel—his excrements are brown, feculent, and semi-fluid. The physiognomy loses its stupid and drunken appearance—the yellowness of the skin and eyes, never very intense, gradually disappears—the patient desires to eat, relishes his food, and after ten or twelve days may be considered out of danger. In few cases only the convalescence is prolonged to a much longer period.

POST-MORTEM APPEARANCES.

In all the cases the body was of an intense yellow, more so than during the last moments of the patient's life; the lower

depending parts of a bluish-purple, sprinkled with round, bluish black spots (sugillations) of the size of a pin's head, less marked, and frequently entirely wanting on the upper surface—the scrotum, the ears almost black—frequently a dark blood flows from the mouth and nose—the body retains its heat for a longer time than usual—when cold, it becomes rigid—upon incision, the fatty covering appears of an intense yellow color—the muscles are dark—the opened vessels bleeding—the flowing blood almost black, (brownish-black).

Head.—The incised scalp bleeds freely—after removing the cranium, the dura mater found thickly coated with blood, drops of which appear dark blue. The subjacent arachnoidea is so intensely congested, that the brain appears covered with blood, and in some places even amounting to extravasation of one or two lines thickness. By removal of the brain, from $\frac{3}{4}$ ij. to $\frac{3}{4}$ iv. of bloody yellowish serum escape from the base of the brain, which thereby being less congested, presents the peculiar appearance of a floating cobweb, if a stream of water be poured upon the serous investment of its basial portion. In one instance only, we found this congestion less intense, and in that case, the patient was treated with cups and the continued application of ice to the head. The substance of the brain is universally normal—the incision followed with innumerable points of blood—the ventricles empty—the plexus choroides congested. This state of things was so uniform, that I know of no exception.

Thorax.—In the opening of the thorax, care had to be taken not to open the larger vessels, as these almost always bled copiously and profusely. The lungs were in sixteen out of twenty cases normal, the lower part usually slightly congested, and in a few cases the surface of the lungs was covered with dark spots, of the size of a pea to a hazel nut; these spots corresponding to round, well-defined spleen-like spots in the parenchyma of the lungs, and only observed towards the periphery, and never towards the centre of the lungs. The costal pleura always congested and reddish—in the pleural cavity itself, in six cases, from a half to one pint of fluid blood was found, the blood being more serous in its character than is natural, evidently

the result of transudation through the costal pleura—the inner lining of the larger vessels, brick-red and deeply injected. The heart, in the most malignant cases, flabby and soft in its texture—the auricles and the ventricles filled with partially coagulated blood, but in no case could we find the fibrinous clot. The endocardium was in six cases covered with vibices, or there was an extravasation of blood into the cardiac structure, immediately beneath the endocardium, since, on removal, this membrane appeared normal in character. In the pericardium was found, generally, from 3i. to 3iv. of yellow serum—the membrane itself, normal and healthy.

Abdomen—Liver.—The liver was in all cases a bright, uniform yellow, and on section, somewhat less yellow internally—of normal size and consistence, and slightly fatty; in only a few cases we found it softened, and then I attributed it to incipient decomposition. The lower surface of the liver was uniformly of a purplish-blue, this color extending only one or two lines in depth. The gall-bladder filled with a semi-fluid, greenish-brown bile—the mucous membrane of the gall-bladder slightly congested. *Spleen* was in all cases normal, rather of a brownish-red cast, otherwise, exhibiting nothing unusual. The kidneys were normal, the cortical substance generally yellowish and pale—the pyramids unusually distinct. Bladder generally empty, or containing very little yellowish acid urine.

Stomach and Intestines.—In almost every case we found the stomach to contain black vomit or blood, no matter whether the patient vomited it before his death or not. In two cases we found it full of blood, these having taken large doses of soda bicarb. before they died. The mucous membrane of the stomach appeared, in some cases, of a greyish color, in more cases it was of a brownish hue, and in a few cases it was found somewhat softened and thickened; the softening, however, not of sufficient degree and character to warrant the diagnosis of inflammation. About the pyloric extremity most frequently, but in a few instances towards the cardiac orifice, a large number of minute red spots could be seen, apparently radiating from a centre, and having an arborescent appearance. I found no other constant lesions. In one case only was there ulcera-

tion and entire removal of the mucous membrane, to the extent of a three cent piece, in three or four different points, and in this case no black vomit was found in the stomach, the patient having died, some fifteen days after the first attack of the disease, of a typhoid (continued) fever. In a few cases, ecchymosis was found in the stomach.

The duodenum and jejunum were generally of a uniform appearance with the stomach—much injected—in some few instances so much so, that they appeared of a blood-red color, in which the individual vessels scarce could be distinguished; their contents were the same as the contents of the stomach, only mixed with more mucus and bile, and they seemed to have changed their character from black vomit to a semi-fluid, gelatinous and homogeneous mass, of a chocolate color. Brunner's glands and the solitary glands were universally enlarged and elevated. In the ileum was found the same blackish mass, intermixed with which small portions of faecal matter might occasionally be observed, which had lost neither its peculiar color or appearance.

In the colon and rectum, the mucous membrane appeared merely congested, and their contents the same as in the small intestines, only with a larger admixture of faecal matter.

I have thus given a summary of all our cases, none deviating from the general type, although the one or the other may have differed in an individual particular, or in having one or the other lesion more developed.

Treatment.—Immediately after the first onset of the disease, if on board or ashore, physicians and patients were equally anxious to meet the approaching enemy with a brisk cathartic of calomel—only in some six or eight cases, a large dose of ol. ricini was administered in its place.

Although no one can doubt the expediency of giving a cathartic at the onset of the disease, it is certainly no way clear in my mind which of the two deserves preference. If we consider the peculiar yellow tinge, that the conjunctiva and afterwards the body assume—the fact which I repeatedly tested, that in an advanced stage of yellow fever the peculiar coloring matter of the bile may be detected in the serum obtained from the peri-

cardium after death, or from the serum of a blister during the stadium depressionis—if we consider also the engorged state of the liver, which we invariably find in our autopsies, we may certainly find a reason for preferring calomel to promote the secretion of bile, and to relieve the liver of its congestion. But if we consider, on the other hand, the peculiar dissolution of the blood, the tested fact, that in yellow fever the blood loses its fibrine and its tendency to coagulate, in consequence of which the capillaries are unable to retain the blood in its proper channels, and transudation necessarily ensues in all vascular, and particularly in all serous membranes, then we hesitate to employ an agent whose acknowledged virtue is to deprive the blood of its tendency to fibrinization and organization; besides this, I am by no means convinced that this structural change of the liver is primary. On the contrary, from the fact that the initiatory symptoms necessarily must arise from a peculiar morbid state of the nervous systems and their centers, viz: the brain and solar plexus, with consequent congestion, manifest in the injected cornea, wakefulness and uneasiness, fulness in the epigastrium and pain in the back; and again, from the fact that the peculiar coloring matter cannot be detected in the stadium invasionis. I am more and more convinced that this peculiar change in the liver is dependent upon this morbid state of the nervous system, and consequent dissolution of the blood. The reason why we find at a later period, the coloring matter of the bile in the serum of the blood, may be attributed to the universal suppression of all normal secretion, and the yellow discoloration of the skin and conjunctiva may partly arise from the presence of the coloring matter of the retained bile, and partly from extravasation and undue proportion between arterial and venous blood. Perhaps this may be more clearly expressed by saying that during the exhalation from the capillaries, hæmatine, changed from its normal condition, is exuded into the areolar tissue, and there produces the yellow discoloration. That this exhalation is changed in its character, we have ample evidence in the deep yellow serum, somewhat blood-like in character, found in all the serous membranes arising from the extravasation of the disorganized blood; and that a blood-like

extravasation, if imperfectly absorbed, produces this yellow color, we see in the yellow patches of purpura hæmorrhagica and in bruises coming every day under our observation.

As I observed, the first remedies employed were calomel or ol. ricini; each one operating as cathartic, and producing copious brownish black stools.

In four cases, after the cathartic, only soda bicarb. was used. In one only can I report a happy result. In others it had the effect of changing the black vomit to bright red blood. In the autopsies of these cases, much blood was found in the stomach, and also, to some extent, in the intestines.

In all other cases, large doses of quinine were administered immediately after the stadium invasionis and the operation of the cathartic. This treatment was continued for several successive days, and careful and diligent observation leads me to believe *that whatever success we had in our treatment, we owe it to this remedy alone, at this early stage.* The use of quinine in yellow fever has as many and powerful advocates as adversaries, and although the view of a miasmatic cause impressing the nervous system, and producing the above-named pathological results, absolutely demands its employment, I am, nevertheless, not entirely satisfied that these views are correct, or that this peculiar nervous depression is dependent upon that ill-defined cause which we express by the vague term of *miasm*. I had often opportunities to compare the close resemblance of the initiatory symptoms of pernicious, remittent, and yellow fever, and more particularly the afore-mentioned fact, that yellow fever frequently terminates in an actual paroxysm, immediately followed by death; all of which might induce me to classify yellow, remittent, and pernicious fever under the general head of miasmatic fevers, and therefore employ the same "specific" for one and all. But if I consider the vast difference of the post-mortem appearances, no reasoning power, or even experience, could induce me to classify these diseases under one and the same head.

In remittent fever, the corpse is of a greenish-yellow, but in yellow fever it is of a deep yellow, with innumerable sugillations and ecchymoses, never found in the former. In intermit-

tent fever, the blood is brick-red and watery; in pernicious fever, dark, with firm, fibrinous clots in the heart and larger vessels; in yellow fever, it is brownish-red, forming very imperfect coagula in the heart, and never a fibrinous clot; rarely can we find a vestige of a jelly-like substance. The spleen in intermittent, enlarged and solid; in remittent fever, enlarged and so soft that the fingers pass through it in the attempt to remove it; in yellow fever, it is small and normal. The liver of remittent fever, is bronze-colored, and enlarged and soft; in yellow fever, intense yellow, hard and small. I mention here only the principal pathological lesions of both diseases, but to my mind, sufficient to show the vast difference between yellow and remittent fever; the remedy for the one must not necessarily be the remedy for the other, or more probably, cannot be the remedy for the other. Yellow fever bears far more resemblance in its ultimate results to *purpura hæmorrhagica*, although the cause and the first symptoms differ widely from each other; this resemblance may also account for the use of *tinct. ferri sesquichloridi*, once so much in vogue during the epidemic in Savannah, in 1854.

Notwithstanding all this, I shall employ quinine in every case coming under my observation and treatment, until I find another agent better adapted to counteract this peculiar nervous impression, and to prevent the dissolution of the blood, with the consequent organic changes.

Our attention being further called to the constant lesion of the congestion of the brain; we applied leeches to the neck and head; and more particularly the ice-cap, which was universally followed by relief. Leeches to the epigastrium, so highly recommended by some writers, were also employed in a number of cases, and were generally followed by relief of the fulness of the epigastrium, and what was more remarkable, always relieved the pain in the back; care had to be taken with their application, as it was almost impossible to stop the bleeding.

Of unquestionable benefit I considered, in practice, never to allow the patient anything to eat during the first week of his illness; in two cases, where this strict rule was not observed, the patient's life was sacrificed in consequence.

I have endeavored to give a brief synopsis of our cases, with their pathology and therapeia; I am fully convinced of its imperfections, and more particularly as respects chemical analysis of the different secretions; and especially the blood, and also careful microscopical examinations of all the pathological products, so necessary to arrive at anything like a truthful result in our observations and studies; for only a thorough knowledge of the pathology of a disease can lead to a sound and rational therapeia.

ARTICLE II.—*Notes to serve as the basis of an Essay on the Effects of Dislocations, Sprains, and Fractures into or near the Elbow-Joint.* By J. W. FREER, M.D., Professor of Anatomy in Rush Medical College.

There is no fracture or dislocation more difficult to diagnose with certainty, or to treat with success, than those of the elbow; none which more frequently leave behind, no matter with what skill and care the treatment may have been conducted, more or less of deformity and imperfection in the movement and strength of the member.

These defects we do not propose to consider in general, but only in so far as they are peculiar to the injuries of the elbow-joint, as they seem to have been passed lightly over by surgical writers.

Sir Chas. Bell, speaking of fractures of the humerus, which extend into the elbow-joint, says, "Begin early to move the joint, or you will have ankylosis," and he adds, "this is an unlucky case for a young practitioner. The inflammation runs high, and stiffness of the joint and deformity is likely to be the result."—*Institutes of Surgery.*

Sir Astley Cooper says, in reference to fractures of the elbow-joint, that passive motion should be used to prevent the occurrence of ankylosis, and adds, "but even after the most careful and judicious means that can be adopted, there is sometimes considerable loss of motion; and when the accident has not been understood, or carefully treated, the deformity and loss of motion becomes very considerable."—*Dislocations and Fractures of the Joints.*

Samuel Cooper describes stiffness of the elbow-joint as a frequent result not only of fractures, but also of sprains and dislocations.—*Surgical Dictionary*.

Dessault quotes Petit, Heister, and Duvernay, to show the extending of a fracture into a joint, is an extremely dangerous complication, and says that ankylosis was regarded by them as the most favorable termination which could be expected.—*Surgical Works*.

Chelius, on the subject of fractures through the condyles of the humerus, says the inflammation is always very considerable, and often the motions are interfered with, or completely destroyed.

A recent writer says, in regard to fractures in the elbow-joint, "Under all the circumstances in which this form of accident occurs, it is right we should be prepared for the possible loss of the articulation."—*Skey's Operative Surgery*.

Gibson states, in regard to the same accident, "The injuries are often followed by high inflammation, ankylosis, and deformity of the whole arm."

Sanson, in his extremely elaborate work, says, "The prolonged repose of a joint, during the treatment of fractures, particularly if they are near the extremity of the bones, give to the surrounding parts such stiffness that the muscles, weakened by long inaction, cannot overcome it; and if this resistance is overcome by force, it produces a rough sound caused by the friction of the surfaces, accompanied by severe pain."—*New Elements of Medical and Surgical Pathology*.

Boyer, on the same subject, remarks, "Simple fractures always leave behind a stiffness, which sometimes is sufficiently considerable to merit the name of ankylosis. If the fracture is near a joint, the danger is increased; and if the member is kept in a dressing much longer than the usual time, the rigidity of ligaments and surrounding tissues may be such that it will be difficult, if not impossible, to re-establish the movements. Moreover, the articular surfaces, if left in this state, may adhere and form a complete ankylosis."—*Treatise on Surgical Diseases*.

The authors we have cited, express the opinions of surgical writers on the subject; and it is perhaps unnecessary to cite

more, but we will add that of Malgaigne, whose work on the subject of fractures may be justly regarded as paramount authority on all points of which it treats. Speaking of fractures of the internal condyle of the humerus, he says, "The inflammation of the elbow draws after it, in the cure, almost inevitably a stiffness of the joint, which is very obstinate;" and again, "The prognosis is not serious in what concerns the fracture; but it must be known that stiffness of the joint is almost inevitable."

One essential point of the treatment, is to guard against ankylosis.—*Treatise on Fracture.*

It will be scarcely necessary to cite authorities to show that atrophy is a constant attendant on joints stiff from fracture, dislocations, and sprains. Physiology teaches us that whenever, from any cause, the muscles of a member are incapable of acting, atrophy is the inevitable result.

Marjolin and Hunter have, however, dwelt in so distinct a manner on the effect of injuries, that I will cite a few words from each. "It is not rare to see atrophy of a member result from a severe injury, and take place both above and below it." Marjolin attributes this atrophy to the injury of the nerves as well as to rest and inactivity of the muscles. It is remarkable that an injury done to tendons, ligaments, fasciæ, and especially of the sprain kind, impairs the muscles more than when the muscles themselves are injured, so that these muscles appear to sympathize with those parts of little action, and become wasted in consequence. The limb wastes and is œdematous."—*John Hunter's Works.*

In case of injury of the elbow, whether fracture of the internal condyle or dislocation, it rarely happens that the ulnar nerve entirely escapes injury, it is either bruised directly or pressed upon by the displacement, so that not unfrequently partial paralysis remains, particularly if suitable treatment is neglected.

Malgaigne says, "In these cases the ulnar nerve is wounded, either, as I think, by direct shock, or according to the opinion of Granger, by the pressure of the apophysis, upon it. Granger cites a remarkable example of this kind. It was a child eight years old, which fell upon the elbow.

The inflammation was violent, and the stiffness difficult to overcome. Nevertheless, three months after the accident, the child had recovered the full use of the joint, but the ulnar nerve remained paralyzed."—*Treatise on Fractures*.

Proper treatment, employed after several years, restored the sensibility and movements of the part. Granger has witnessed the same phenomena in two other cases.

Astley Cooper cites the following case. "I saw a girl, who, by falling upon the elbow, had fractured the olecranon, and also broke the internal condyle of the os humeri; the cubital nerve had also been injured, for the little finger and half the ring were benumbed."—*On Dislocation and Fracture of the Joints*.

The direct cause and nature of the stiffness of joints, resulting from fractures, dislocations, and sprains deserve a moment's notice. This, from whatever cause it may arise, and to whatever degree it may exist, is often called by the general term ankylosis, although there is no propriety in calling a simple rigidity, resulting from long continued repose, by the same term which is used to designate a consolidation of two bones into one. This distinction is kept in view by Samuel Cooper, who remarks, "After the cure of fractures, a certain stiffness generally remains in the adjacent joint, but this is different from ankylosis; but this is lost sight of by most writers, who, in the desire to systematize, have classed together states quite distinct from each other in their nature. Ankylosis, when used to embrace every variety of stiffness, is divided into true and false, and as the latter often results in the former, they are also styled complete and incomplete.

The false, incomplete, or spurious ankylosis may result from contraction of the tendons or ligaments, from effusion of lymph around or into the joint, from absence of the synovia, from long continued immobility, etc. The true ankylosis, as we have stated, consists in the consolidation of the bones into one.

Ankylosis very often occurs after fractures in the vicinity of the joints, after sprains and dislocations, after white swellings, etc. Malgaigne gives, in his work on fractures, a minute description of the successive stages through which the parts surrounding a joint pass after sprains, dislocations, fractures, or

other injuries, to the formation of a perfect ankylosis. First, effusion of blood, effusion of lymph, which becomes organized; shortening of the ligaments and tendons, alteration of the articular surfaces, adhesion between them, and finally, ossification. He says, with great justice, that inflammation is essential to the production of this result, and that immobility, too much prolonged, greatly favors it.

Practically, this view is of much importance, as it shows the great value of antiphlogistic treatment, during the period of inflammation, and the absolute necessity of movements being made after this has subsided.

The necessity of resorting to passive movements, for the purpose of preventing the occurrence of ankylosis of the joints, is so apparent, and so much insisted on by surgical writers, it is scarcely requisite to insist upon it here. It is however, so frequently neglected or performed in such an imperfect or insufficient manner, or entrusted to the patient or his friends, when it should be carefully done by the surgeon himself, that it may be well to dwell upon it for a moment. The term "passive motion" signifies movements given to joints by a force foreign to the muscles of the member. Most commonly this force is applied by the hands of surgeons, and may vary in amount, from the slight pressure required in the most trifling cases, to an amount as great as he can well employ. "After the 20th day, Dessault and Ruyer took off the splints, and forced the fore-arm to movements of flexion and extension; and the success which followed this treatment, is a peremptory reason for its imitation."—*Malgaigne*.

Ankylosis after injuries, is to be guarded against, not only by "passive motion" but also by regulation of the position. After fractures or injuries of the elbow joints, this articulation should be kept flexed at about a right angle with the arm. "What is most important to be known in this case is, that long continued rest only leads to ankylosis when the member is extended. The fore-arm should be kept bent to a right angle."—*Malgaigne*.

"When the elbow cannot be prevented from becoming ankylosed, the joint should always be kept bent."—*Cooper's Dict.*

In these cases the joints must be kept bent angular, splints applied, and antiphlogistic treatment made use of.—*Erichson*, p. 251.

Not to dwell unnecessarily on a point not disputed that I know, let the opinion of Sir Astly Cooper in addition suffice: "The treatment consists in bending the arm. The best splint for it is one formed at right angles, the upper portion of which should be placed behind the upper arm and the lower portion under the fore-arm."—*On Dislocations and Fractures of the Joints*, p. 402.

TREATMENT OF THE RIGIDITY WHICH FOLLOWS INJURIES OF
THE JOINTS.

While surgical writers and teachers are pretty unanimous in regard to the method of preventing ankylosis after sprains, dislocations, and fractures—the same unanimity does not by any means exist concerning its treatment after it has been allowed to take place. We have seen how great is the liability to stiffness and ankylosis with good care: without it, they are inevitable.

Ignorance of the practitioner, and want of docility on the part of the patient, are often causes, but more frequently the surgeon, guided by the authority of other times, trusts to inert and insufficient remedies. Fomentations, frictions with various kinds of oil, warm baths, mineral waters, etc., are the remedies often relied upon. Malgaigne has fully done justice to this kind of treatment. Speaking of it in connection with trusting to time and use of the part, he says, there is nothing more empirical and more dangerous than these modes of treatment. *The only remedy for a stiff joint is movement.*

"If a patient is abandoned to himself with a very slight degree of stiffness, it is simply to condemn him to incurability. I have already cited a sufficient number of cases of this kind; but that which I shall now give, will put the danger of such expectant treatment beyond all doubt." After giving a case, submitted to friction, warm bath, mineral water, which only leaves the member with ankylosis, he proceeds to lay down the rules for proceeding in such cases in the following words:

"*Consequently the surgeon must* (the dressing having been

dispensed with) *move the joint, force the movements of those which are stiffened, and direct the patient to exercise it.* The following days the same treatment should be resorted to, until the joints shall have recovered their entire liberty."—p. 297.

This treatment would alarm some surgeons, and the pain would, unless anæsthetics were employed, scarcely be endured by many patients.

In reference to the pain attendant, and the symptoms which may be expected to follow, Malgaigne makes the following statement: "When we endeavor to move these articulations, it is not the muscles which constitute the principal obstacle, it is the ligaments; if we force the movement a little, pain is felt in the ligaments, tumefaction takes place around the joint, and all the symptoms following sprains result, and from the same cause—viz., stretching of the ligaments."—p. 136.

The treatise of Malgaigne, from which we have quoted, was published in 1847, and it is since that time that the practice he recommends has been generally adopted by the profession in various countries.

It had indeed long been known to the profession, that the movements of stiff joints had occasionally been restored by accidental violence.

A case had often been cited from Job A. Mekreen, of an old ankylosis of the elbow, which had resisted fomentations and cataplasms. He got a violent fall upon the fore-arm, and from that time the movements were re-established, and became thenceforth, from day to day, more extended and easy.—*Diet. de Medicine*, Art. Ankylosis.

Fabricius Hildanus relates a case of an ankylosis of the fingers and wrist, which was cured by a fall, which also fractured the fore-arm.

Bartholine mentions the case of a patient who had his arm dislocated; ankylosis followed, which was cured by a fall from a horse the following year.—*Velpeau, Operative Surgery*, vol. i, p. 478.

These, and other cases similar, were well calculated to direct the attention of the surgeons to the propriety of *breaking up* ankylosis, whether true or false, had they not been counter-

balanced on the other hand by cases in which violence, too great and applied *mal apropos*, did great injury. The same remark is applicable to those cases of cure of ankylosis effected by so-called bone-setters. Boyer, Pellitan, and Marjolin have mentioned the cure of the Duchess of Luyanes, who had a stiff elbow, the result of an injury. There was false ankylosis.

"Several eminent surgeons were consulted, who prescribed the usual remedies without success; every time they attempted to move the joint, she cried out, and they were obliged to desist. At length she sent for a celebrated bone-setter, who had had great experience in such cases, who seized the fore-arm with one hand and the arm with the other, and straightened and bent it several times. At the end of forty-five days she was well."—*Marjolin*.

Boyer quotes from L. Verduc, the case of a young girl, from ten to twelve years old, who had the right knee ankylosed, the result of a wound between the patella and condyle. A physician and three surgeons considered the case incurable. Nevertheless, Verduc did not despair. After having fomented the knee with liquids, he seized the leg and thigh with his two hands and performed flexion and extension to as great a degree as he was able. Every day, morning and evening, flexion and extension were made with violence. In these extended movements, the sound produced by the friction between the tibia and fibula were heard. Frequently, after having performed these movements, it was necessary to leave the patient in a state of repose for seven or eight days, and as soon as she was better the flexion and extension were commenced. By this means the patient was cured.

Such was the state of science when, in 1840, a French surgeon, by the name of Louvrier, invented a machine for the breaking up of ankylosis. After having used it with full success in eighteen cases of false ankylosis, he was so emboldened as to apply it in some cases in the Paris Hospitals, which had been caused by white swelling, and on a patient affected with syphilis and scrofula.

Two of these patients, thus operated on, died from suppuration and laceration of the skin and muscles.

The subject was brought before the Academy of Medicine, who condemned it in a qualified manner. The report was read by Berard, at the sitting of the 27th of April, 1841, the conclusions of which were:—

1st. That the machine of Louvrier is followed by the instantaneous straightening of the member.

2d. That this straightening of the limb is ordinarily followed by no accident, either immediate or remote.

Notwithstanding these conclusions, the opinion of the Academy was unfavorable, and under its influence many surgeons, who at present are in favor of using suitable force, condemned not only this machine but also all attempts at forced movements. There were, however, not wanting those who thought that a method of treatment, which had according to the report been successful in eighteen cases of ankylosis, could not justly be condemned for having failed in two cases resulting from scrofula, syphilis, and white swelling, in which it ought never to have been used.

This opinion found expression in a work of the celebrated surgeon, Mayor, of Switzerland, published at Paris, in 1841, entitled, *On the Accelerated Treatment of Ankylosis*, in which this method was justly appreciated and favorably judged of, in its application to false ankylosis. Numerous cases were cited in it, of successful treatment by his method.

It was in this same year, 1841, that the work, *Dieffenbach on the Division of Tendons with Forced Rupture*, made its appearance. "He instituted the practice of violent rupture in addition to that of tenotomy and gradual extension, in order to combat those impediments which these had shown themselves unable to be subdued. It was now, that forced rupture, which the pathological anatomy so imperatively demands, was first legitimately received among the resources of the surgical art. We say legitimately, for prior to this time chance has been known to have produced cures by its agency."—*Frank, London Lancet, vol. for 1853, p. 202.*

"In cases of contractions of, and ankylosis of the knee-joint, Dieffenbach first performed the sub-cutaneous dissection of the flexor tendons, and of all contracted portions of the fascia,

after which a towel having been firmly bound around the joint, the adhesions between the articular surfaces were ruptured by forcible flexion; thereafter, the joint was forcibly extended, and the apparatus of Stromeyer (that for gradual extension by a screw) was applied."

In 1850, Bonnet of Lyons, and Palasiano of Naples, published an account of a method which did not differ essentially from that of Dieffenbach.

We cite two of the cases of Mr. Méyor, as indicative of the extent to which he carried out his views in practice.

The first was of a lady, who had the knee ankylosed at a right angle, the result of an accident. Mr. Méyor seated her in a chair, put his left arm behind the knee, and when she was least expecting it gave the leg an impulse which bent it. It soon regained its movements.

The second, was an ankylosis of the knee in a straight position, which was also bent by violence and the movement restored.—*Bonnet*, p. 393.

Mr. Bonnet, in his work published in 1853, on the therapeutics of diseases of the articulations, gives the following direction for treating ankylosis of the knee: "The thigh should be brought to the edge of the bed, the surgeon places the left arm behind the upper part of the leg, and the right hand on the lower part of it in front, and gives it several pushes tending to bend it; a cracking is heard in the joint, and by degrees it gives way and bends. One movement of flexion is insufficient, it should be repeated five or six times by energetic movements produced by the hands of the surgeon and his aids."

Mr. Bonnet cites a large number of cases treated in this manner:—

1. A case treated by M. Palasiano, successful.
2. A case treated by M. Bouchacourt, also successful.
3. A case treated by himself, successfully.
4. This was a case of great difficulty, but the ankylosis gave way with a loud crackling sound, after great force had been used by the hands at five different times.
5. This case also required great force for five minutes.
- 6 and 7. Two other cases are given, treated with success in the same manner.

But the work of Bonnet is particularly valuable for my present purpose, from having a chapter devoted expressly to stiffness of the elbow.

To "the elbow, as to all the joints, we can, in case of stiffness, give artificial movements. For this purpose, the arm should be fixed, and the fore-arm alternately bent and extended. This generally requires one or two assistants, and in order to dispense with these, it is generally better to use a machine. This should consist, first, of a groove fixed upon a plank, into which the arm should be fixed; secondly, of two parallel shafts, between which the fore-arm is fixed by a sort of bracelet; thirdly, of the arc of a circle, graduated so as to measure the extent of the movements."

The cases cited of stiffness, removed by the use of this machine, are instructive, and I give some of the most unfavorable:

8. "A young man, aged sixteen years, fell upon the breast, and injured the elbow. I saw him five days afterwards, there was great pain, and the fore-arm could neither be flexed nor extended. I extended the fore-arm, flexed it, drew upon it strongly. The movements were quite restored in a few days."

9. "A young man, aged fifteen and a half years, had a dislocation of the elbow, which was reduced immediately, but inflammation followed and then a fibrous ankylosis remained. The joint was bent and extended by the machine, and this treatment was continued several weeks. Pretty free movements were restored."

In cases of ankylosis, resulting from old dislocations, Bonnet recommends breaking up the adhesions forcibly. "To execute these movements, I seize the contiguous extremities of the arm and fore-arm, and force them in opposite directions. After some efforts I feel the cracking, which proves the rupture has taken place." He adds that he has employed this method six times.

In cases of immobility, resulting from white swelling, cases the most unfavorable of all, Mr. Bonnet has found forced flexion and extension succeed.

10. "A young girl, aged nine years, had a disease of the elbow, without any appreciable cause. The joint became stiff.

It was treated by energetic movements of flexion and extension over a week, and the motion kept up by the machine in the intervening time. At the end of a month, the movements of flexion and extension could be performed to the extent of a quarter of a circle."—*Bonnet, p. 551.*

11. "Another young girl, of the same age, affected by scrofulous disease of the elbow, which was in a stage less advanced. The same treatment was used, which effected a perfect cure."—*p. 552.*

12. "In the case of a child, aged twelve years, affected with scrofulous disease of the elbow, suppuration occurred and an ankylosis almost perfect. Movements with the hands and the machine were employed, and at the end of four months, motion was in a great degree restored."—*p. 553.*

In all these, and similar cases, Mr. Bonnet adds, "It is unnecessary to say that graduated movements were insufficient, and, in order to succeed, strong tractions must be resorted to and extended, and energetic movements given to the fore-arm."

13. "A young man, of Montheis, eighteen years old, had an ankylosis of the elbow, of three years' standing, and of such a degree that the anterior face of the fore-arm was in contact with the arm. In December, 1849, after having ascertained, during insensibility from ether, that the ankylosis was complete, I divided the biceps which projected under the skin, and by alternate movements of flexion and extension succeeded in breaking the ankylosis, and extended it to an angle of ninety degrees with the humerus. Eight days afterwards, the patient returned home, taking a machine for movement with him."—*p. 155.*

16. "Mademoiselle Puy, aged fifteen years, was entrusted to my care for a white swelling of the elbow, the 27th June, 1852. The white swelling was far from being cured, and the ankylosis was perfect in the extended position.

"June the 30th, the patient being under the influence of ether, I broke up the adhesions with the greatest difficulty, but at length succeeded and brought the joint to a right angle. The rupture of the ankylosis was followed by acute inflammation, fever, and numerous abscesses formed around the joint.

I opened the abscesses with the knife at a white heat, and July 27th she was able to make use of the apparatus for movement.

"August 30th, the patient left the city, she having been able for a week to play the piano."—p. 155.

The authority of Bonnet as a writer on diseases of the joints, and the fact that he had five years previously condemned the practice of forced rupture, tended much to give currency to the practice. His method consisted in first flexing the member, then extending it, and retaining it by suitable dressing. The practice of first flexing, then extending the joint, instead of extending in the first instance, constituted the essential difference between the method of Dieffenbach and Bonnet, and that which had previously been adopted; a difference which it is important to bear in mind, as it constitutes the principal reason of the favorable results which have in recent times been attained. Among the list of those who contributed about this time to perfect the practice in these cases, we must not omit to cite Langanbeck, who used forced flexion and forced extension.

Nelaton who, in his *Elements of Surgical Pathology*, published in 1847, did not fully recommend this method, in 1853, before his class, treated a patient by the method of Bonnet.

It would lead me into endless citations, were I to quote all the authorities which might be cited in favor of the practice of forced flexion and forced extension in ankylosis. It may indeed be considered the established practice at the present time on the continent of Europe. I shall, therefore, conclude this part of my notes, by adding the practice of some of the leading surgeons of England.

Dr. Little published in 1853, (London,) a work on deformity, in which the forcible rupture of ankylosis is fully justified. Dr. Little says, with much truth:—

"The introduction of anæsthetics has rendered possible the general adoption of this practice." "The art of surgery has, however, recently received an invaluable addition to its means of usefulness by the discovery of the anæsthetic properties of chloroform and ether. By chloroformization, the two great obstacles to the employment of force to straighten a bent or contracted limb—namely, pain and voluntary muscular re-

sistance—are removed. As soon as these impediments disappear, the hands of the single operator applied to the parts encounter the physical resistance only of the deformed parts, he can feel his way in the application of greater force; feels and perceives the resistance of parts successively overcome in an anatomical order; if greater rigidity still oppose, a few movements of the joint backwards and forwards prepare the way for a more extensive yielding. After straightening or bending the limb, as the case may have required, by this forcible procedure the part should be lightly secured in a retentive instrument, or on a common splint adjusted so as to maintain the position more favorable than that which obtained before the operation, though not in the position into which the hands of the surgeon may have brought it. For as soon as the effect of chloroform on the sensorial system disappears, the patient will arouse to the conviction of the violence which may have been employed; the part may be acutely painful, and incapable of sustaining the pressure of a tight bandage or ligature."

Mr. Ferguson who, in his work on Operative Surgery, was extremely severe upon all attempts to break up adhesions by force, we find now among the advocates of forcible extension and flexion. The following cases, treated by him only a few months since, will show his changed opinions and practice on this subject:—

"1. A case of old dislocation of the elbow-joint, was operated on by Mr. Ferguson, on the 13th of October, 1855. The parts were ankylosed, and out of place for four years; the patient suffering very much from a stiff elbow. Blisters and country air had been tried in vain, and, as a last resort, the young man wished the joint to be cut away or the limb amputated. Mr. Ferguson, as soon as he had had him placed fully under the effects of chloroform, proposed to break up all the old adhesions about the joint, which he succeeded in effecting by using considerable force, and thus restored him full power of using the limb.

"2. In a similar case, which had resisted the power of Mr. Lawrence to break up the attachments, he proposed to divide, by a sub-cutaneous section, the tendon of triceps; but the parts

ultimately gave way. Mr. Lawrence said he had now tried it in several cases, more especially in children, and all his cases had turned out well; (this he also knew to be the experience of some other surgeons—amongst the rest, his friend M. Langenbeck, of Berlin;) the only precautions being that no active inflammation be present.”—*London Lancet*, for Feb., 1856.

Mr. Erichson, of the University College Hospital, London, author of a popular work on Surgery, seems also to have changed his views and practice in cases of ankylosis. For although, in his work, he does not condemn forcible extension, yet he seems to give the preference to slow rather than sudden movements; whereas, his practice at the present time is to use force freely. The following cases, from the *London Lancet*, recently treated by him, are extremely instructive:—

“The plan of treatment adopted by Mr. Erichson, is to place the patient fully under the effects of chloroform, so as to relax the muscles of the limb; then, as the lesser evil of the two, forcibly to straighten or extend the leg. In doing this, we noticed on more than one occasion loud snaps or cracks in the joint, not a little alarming at first, though without damage.

“Case 1. A young woman, aged twenty-two, who had been attacked, April, 1855, with acute rheumatism, and rheumatic contraction of the left knee, the latter bent at nearly a right angle and excessively painful, came under Mr. Erichson's care, who succeeded in straightening the limb, under chloroform.

“Case 2. A man, aged twenty-three, came under care in July, with contraction of the left knee, which was bent at right angles, and had been in this condition for eight months, the result of inflammation of the joint. There was no pain or uneasiness about it; very limited motion, not more than about two inches, when he attempted to move the foot. Mr. Erichson had him placed under the influence of chloroform, and then forcibly stretched the limb; loud crackling noises were heard, as if something was being crunched or torn through. There were no inflammatory symptoms subsequently; and he was able to leave the hospital in ten days, merely wearing starch bandages.

“Case 3. A woman, aged thirty; ankylosis nearly complete

of the left knee for nine months, consequent on rheumatism; scarcely any motion in the joint; no pain or tenderness. The limb here, also, was straightened, or forcibly extended, under the influence of chloroform. The extension was attended with loud snapping or crackling of the old adhesions. Some severe inflammatory action followed, which, however, was easily subdued by evaporating lotions. This woman, also, had starch bandages applied, and left the hospital quite improved in health.

"Case 4. A woman, aged 42, whom we saw operated upon early last month. She complained of ankylosis of the knee, with bent or twisted condition of fore-arm and hand, all the result of rheumatic inflammation, contracted ten years since. Mr. Erichson straightened the limb, as usual, under chloroform; though, at first, he believed that he should have had recourse to division of the tendons. Loud crunching sounds were heard, as in the former cases. This has also done well.

"Case 5. This was an instance of ankylosis of the left knee, in a female aged thirty-two, of not less than sixteen years' standing, during the whole of which period the limb had not been put to the ground.

"The leg was considerably wasted, though nearly as long as the healthy limb; it was bent nearly at a right angle; the hamstring tendons were very tense. Mr. Erichson having placed the patient under chloroform, divided these tendons, and then forcibly straightened the limb, tearing down, apparently to us, several old adhesions, in and around the joint. No inflammatory action supervened; and this limb is now in a straight position, supported by starch and gum bandages.

"These cases may not claim any superiority over many others of a like kind by their originality, yet they are deserving of notice for their practical value."—*Lancet*, August 18th, 1855, p. 145.

Mr. Solly, Surgeon of St. Thomas' Hospital, also adopts the treatment of forcible flexion and extension in ankylosis. The following case, reported in the number of the *London Lancet*, for March, 1856, will sufficiently show the extent to which he carries it:—

"Thos. B——, aged 20, cheesemonger, was admitted under

my care, 19th June, 1855. His left knee is perfectly fixed and immovable, the leg is bent upon the thigh, so as nearly to allow the toes to touch the ground. The foot and leg are not in a straight line with the thigh, but twisted outwards, so that the deformity is very considerable. The patella is adherent to the external condyle. There is no pain, tenderness, or swelling of the joint; but the limb is quite useless to him. The history is, that this condition of the joint followed an attack of acute inflammation, which was treated during a sojourn of twenty-one weeks in a Metropolitan hospital. His general health is good. In my first examination of this joint, I thought that the division of the hamstring muscles would materially assist me in straightening the limb, as they were in great tension; but when he was placed completely under the influence of chloroform, this disappeared, and true osseous ankylosis alone retained the leg in its false position. This bony ankylosis was, with some force, completely broken through, and the rending asunder of the bones was distinctly audible throughout the theatre with a loud crack, and the limb was straight. After his removal to bed, and before he had completely recovered his consciousness, the limb was firmly bound to a long back splint, with a foot piece, such as we use for a fractured patella.

"In thirty days, the patient left the Hospital quite well."

To what extent rupture of ankylosis is practiced in the United States, I am unable to say. Dr. Mott, as it is known, used it extensively in immobility of the lower jaw, and even employed the lever and screw figured by Pare, and the older surgeons for the purpose. Many of the American surgeons have adopted the much more severe operation of Barton.

I have been informed, that Dr. Gross, of Louisville, has used the practice of breaking them up with great success.

Dr. Brainard has used forced flexion and extension, in stiffness after fracture, dislocation, and sprain, for the last sixteen years; having found extension by a graduated screw, insufficient, and as it cannot be accomplished while the patient is under the influence of chloroform, therefore too painful.

One of the cases treated by Dr. Brainard, was that of a young boy, about 10 years old, who had a fracture of the internal

condyle of the humerus. False ankylosis resulted, the parents being unwilling to have the boy submitted to passive movements. After twelve weeks, however, finding the ankylosis was becoming more perfect, instead of being relieved by the use of frictions, fomentations, etc., forced flexion and extension was resorted to.

The force required was considerable, and the pain and swelling which followed, lasted for several days; but, by repeating the flexion, the movements of the member were very perfectly restored.

Another case of false ankylosis of the elbow, treated by Dr. Brainard, was one accompanied by an unnatural dislocation of the elbow, of five months' standing. The operation of breaking up the ankylosis and reducing it, was performed before the class of Rush Medical College, and a report of the case published in this *Journal* for 1847. The arm was in the straight position. The bending was effected by taking hold of the arm and fore-arm with the hands, and using the knee as a fulcrum. The result was extremely satisfactory, the elbow being bent and the movements restored to a great extent.

I have myself treated a case of this kind, of which I add the notes in conclusion of this part of the subject.

Patient, named James Hutchins, presented himself on the 1st of August, 1855, with false ankylosis of the right elbow-joint. The position of the arm nearly straight, and immovable, with some œdema about the joint injury of the ulnar nerve; with partial paralysis. According to the patient's statement, he had, two months previously, fallen from the hurricane deck of a steamboat, causing a dislocation of the bones of the fore-arm backwards, with fracture of the inner condyle, which was still evident. The dislocation was properly reduced at the time, but passive motion was neglected up to the time stated above.

Treatment.—August 1st, after administering the chloroform to insensibility, I broke up the adhesions at one operation, by forcibly flexing the arm over my knee, and again extending it. The amount of force required, was equal to my ability. The arm was placed at right angles, and supported with a sling, and the patient directed to return the next day.

August 2. Some slight inflammation had arisen with considerable pain; directed evaporating lotions, with a light bandage.

August 3d. The inflammatory action had subsided, and the arm was again flexed and extended with very little difficulty. I directed the patient to occupy the intervals of his visits at my office, in working the joint himself, also to use voluntary effort.

August 6th. Able to move the joint nearly one half, by voluntary effort. Again made forcible flexion and extension to the full extent, and directed as before.

August 10th. Capable of moving the joint, by voluntary effort, nearly two-thirds of the limits. I again used force, and moved the joint back and forth many times; directed friction with lard, in meantime to keep up as much movement as he was capable of producing.

August 14th. Patient began work at my house as a carpenter, and found but very little difficulty in using tools, excepting from weakness-resulting from the protracted inactivity of the muscles. After four weeks from the first operation, he was earning full wages as a carpenter, and complained of no inability, excepting slight insensibility of the ulnar side of the forearm and hand, which had attended him from the first.

Those, in this country, who have considered Barton's operation of cutting down to the bone and sawing it through, as too severe to be justified, have generally regarded all cases of severe ankylosis as incurable.

Others have attached themselves exclusively to the notion of treatment by gradual extension by means of a screw. The reports of cases, made by Mutter, Chase, and others, are calculated to give an exaggerated idea of this method; on the one hand, it represents it as more successful than it really is, and on the other, as far less severe than it will be found in practice. Dr. Brainard, who published some cases treated successfully by it in 1844, has abandoned it, except as a means of producing passive movements to prevent ankylosis, or as a means of preventing its return after forced rupture.

This method is in fact the oldest known to surgery, and instruments for effecting it, are figured in Tubueivs and Guy de

Chauliac. But it has invariably fallen into disuse, and notwithstanding the recommendation of it by Chase and Mutter, it is now seldom employed by good surgeons, except for the treatment of club-foot, in which it is invaluable.

As erroneous opinions prevail on this subject, I will cite here the observations of Dr. Philip Frank, of Manchester, England, who was for many years assistant of Langenbeck, at Berlin, where, as well as in other cities of Germany, this method, with and without division of tendons, has been most thoroughly tried.

"Gradual extension, by means of pressure, or by the instrumentality of orthopedic apparatus, was the oldest method of treating contraction and ankylosis of the joints. This method has continued in practice to the present time; and many, who are either unable or unwilling to appreciate the advances of modern surgery, regard it as the only course commendable or judicious: we will, therefore, abstain from criticising this method, as practiced in former times, inasmuch as the results might be ascribed rather to the insufficiency of the apparatus in use, than to the method itself. Let us regard it in modern times, where the apparatus of Bonnet, Stromeyer and others, constructed on the most scientific principles, have come into use: still, how few satisfactory results have been obtained. It is not to be denied, that the method has been equal to the cure of simple contraction of the joints. Even cases of sprains, ankylosis with contractions at a small angle, have been successfully treated by gradual extension. Yet, even in these cases, simple as they were, the results were uncertain, the treatment tedious, inconvenient, and laborious. Excoriation and mortification supervening on those parts of the skin most exposed to the pressure of the machine; pains occasioned by continued tension; repeatedly exciting the muscles to unusual contractions; reflex action in different organs after a certain degree of extension had been arrived at: all these form a long series of evils, often enforcing protracted interruptions of the treatment, with loss of advantage already obtained, and sometimes total abandonment of the attempt."—*London Lancet*, for 1853, p. 202.

There is little doubt, that continued extension with a machine

is more painful, and is attended with more danger of re-exciting inflammation, than forced movements with the hands, the patient being etherized.

It is moreover to be observed, that this gradual extension is not calculated to restore the movements of the member, but only to change its position: it has been used for extending, not for flexing. I have not been able to find on record any case in which a member, affected with ankylosis, was flexed, and the movements restored by the screw apparatus alone.

We shall not dwell upon the operation of Barton, as it has only been used for the femur and in the present condition, of our knowledge it is not likely to be again resorted to.

In conclusion, I think the following modes of practice and statements, may be considered as established by the best authorities of the profession and sound principles of surgery:—

1. Stiffness of the joints from injury should be treated and may be remedied by forced movements of the kind natural to the joint. They should be first used while the patient is under the influence of ether, and repeated as occasion may require.
2. Some imperfection of the movements, deformity of the joint, wasting of the muscles, and paralysis of the nerves, often remains after injuries of the elbow-joint, as the inevitable consequence of the injury.

BOOK NOTICES.

Transactions of the Illinois State Medical Society, for the year 1855. Peoria Democratic Press Office, Peoria Ill.

Since the issue of the March number of the *Journal*, we have received from the Secretary of the State Medical Society, a copy of the past year's Transactions. We regret exceedingly that the copies are distributed so late in the season; it being now only two months before the next annual meeting. Still it is perhaps better late than never. The published Transactions contain, besides the record of proceedings at the Annual Meeting, in Bloomington, and the reports of the Publishing Com-

mittee and Treasurer, the following papers, viz.: "Report of the Committee on Surgery," by J. W. Freer, M.D., of Chicago; "Report of the Committee on Practical Medicine," by E. R. Roe, M.D., of Bloomington; "Report of the Committee on Drugs and Medicines," by H. A. Johnson, M.D., of Chicago; and the Valedictory Address of the President, by C. N. Andrews, M.D., of Rockford; the whole making a pamphlet of 88 pages.

The report of the Committee on Surgery is very brief, occupying less than six pages. But as the Chairman of the Committee, Dr. Freer, was continued in the same position, we presume the present paper will only hold the place of an introduction to a more general and complete report at the next annual meeting. The report of the Committee on Practical Medicine, by Dr. Roe, occupies fifteen pages; a considerable portion of which, consists of interesting extracts from letters received by the Chairman in reply to his circular asking for information. The principal topics discussed in the report are, Typhoid Fever, Typhoid Pneumonia, Scarlet Fever, Erysipelas, and Cholera. In regard to the first named disease, the author of the report collected a sufficient number of facts to show that this form of fever had been quite prevalent during the year 1854, throughout the middle and northern parts of the State; but his attention has been chiefly directed to the influence of mercurials in its treatment. On the latter subject, the reporter says: "Nevertheless, it is still the opinion of the undersigned, that an *early salivation to a slight degree*, will generally cut short the disease." And this he holds as not at all incompatible with the belief, that a bad salivation after the disease is fully developed, will generally aggravate the symptoms. "But it should ever be borne in mind, that by a slight salivation is only meant a *stimulation* of the glands, and not *ulceration*, by any means. And this, to be successful, must be accomplished during what may be called the formative stage of the disease." While such is the opinion of the chairman of the committee, nearly all those practitioners from whom he received communications expressed opinions directly the reverse; declaring, in the language of Dr. S. W. Noble, of Leroy, that they "do not consider the mercur-

rial influence capable of exerting any control over the *course* of the disease." On the subject of Scarlet Fever, the report contains only the following extract from a letter, by Dr. Haller, of Vandalia. We quote it simply for its testimony in relation to the prophylactic powers of the belladonna. "It (the Scarlatina) began to prevail," says Dr. Haller, "in the latter part of Autumn, and forepart of Winter. In the beginning it was very malignant in character, some few sinking in a few hours; and many of those who recovered were well nigh exhausted from suppuration, ascites, &c. About the middle of the epidemic, it became much milder; after which, not a single case proved fatal, which I attributed to the prophylactic effects of the belladonna which I had been giving to all that I attended subsequently. In relation to the prophylactic powers of the belladonna, adds Dr. Haller, I think it will not prevent persons from having Scarlatina; but, of one thing I am satisfied—that it will modify it *equal to the modification of Small Pox by vaccination*." On the subjects of Cholera and Erysipelas, the report is also very brief. During the year 1854, the former disease prevailed extensively in most of the towns and cities in this State. It was particularly severe in this city; and a pretty full history of its character and progress was published in the pages of the *Journal*: but the Committee make no allusion to the matter in their report.

With no disposition to be either critical or censorious, we cannot refrain from expressing the opinion, that the report, in all its departments, is exceedingly defective.

The report of the Committee on Drugs and Medicines occupies twenty-three pages, thirteen of which are made up of letters from practitioners in different parts of the State, written in answer to a circular sent out by the chairman of the Committee.

Both the report of the Committee, and the letters appended thereto, contain matter of interest to the Society and the profession; and yet we find but little of practical value which has not already appeared, from time to time, in the pages of the *Journal*.

The last paper in the Transactions, is the President's Address.

The theme is, "Medical Progress;" and had we space we would copy it entire. As it is, however, our readers must be content with the following extracts; unless they do what would be far better, viz.: procure of the Secretary of the State Society a copy of the Transactions and read the whole.

"The subject of progress, in general," says Dr. Andrews, "is one upon which we hear much said at the present day. The world, at least the American part of it, seems to be in a partial frenzy upon it. We hear the word progress on almost every tongue. Its echoes reach us from every department of moral, social, and industrial life. It is the child's first lesson; it is the youth's first task. Ripe manhood makes an occupation of it; and mature years rejoice over its practical and beneficial results, while the octogenarian 'pipes and whistles' over its novelties and wonders.

"That this is truly an age of progress, it is not necessary to attempt to prove, for we see enduring monuments and forcible illustrations of it on every hand. But in the very foreground of all these things, we have the most indubitable evidence that all is not progress, at the present day, that assumes to be such. Indeed, some of the rankest and most mischievous errors that ever infected society, or the human mind, are flourishing under its popular garb. And, furthermore, the prevailing idea that this is a golden age of progress, proves fatal to many individuals; they descant largely upon it, feed and grow fat upon it, and never take the pains to learn even first principles, and ultimately die stupidly ignorant. And this is the case with many physicians. They rejoice in the great achievements of medicine, and glory over its brilliant truths; and they live upon those ideas, and are lulled by them into a luxurious indolence, and a pleasing anticipation of a period when our achievements will be so great that quacks will not be able to dwell in the land."

Again he says:—

"True *progress* consists in adding that which is new and useful of the present, which has been ascertained, developed, or achieved by observation, experience or philosophical or experimental research, to that which is useful of the past, and, as occasion may require, in substituting that which is new of the present, for so much of the old as reason and experience may teach to be advantageous. The substitution being made not because the old is inherently or necessarily bad or vicious, but because the new possesses some qualities of value which the old does not."

The author defines clearly the difference between progress and reform. The latter, he claims, is related exclusively to *moral* changes; to something which affects "the heart, the conscience." Consequently, the term can have no application to matters of science and literature. Hence, he says, "That which is vicious or morally corrupt, may be *reformed*; but a science or an art, however imperfect it may be, can only be improved upon by *progress*; which latter must be the fruits of experience and discovery." The mental traits essential for making progress are stated as follows:—

"Progress in medicine depends upon these qualities or conditions, viz.: mental capacity or qualification; a consciousness of a necessity for it, and the will, resolution, and energy, to so conduct the details of our transactions that they may all be conducive to this end; and, lastly, unity of effort among the members of the medical profession."

Dr. Andrews comments with considerable severity on the prevailing tendency to discard the study of ancient authors, and the insatiable longing after the latest and most popular, even in medicine. He claims for the ancient medical writers, the same position in relation to the student of medicine, as is held by Xenophon and Plutarch, Horace, Cicero, and Virgil, in the education of the student of general science and literature. In illustrating the importance of this, he dwells somewhat in detail on the mental characteristics of Hippocrates, Galen, Boerhaave, Cullen, and Rush, together with their modes of studying and improving medical science. The following lengthy extract constitutes the closing pages of the address, and will be read with interest:—

"But we have now arrived at the period in the course of medical time, when we begin to see the medical mind developed in our own country, and duty to ourselves and to our science, as well as the sentiment of patriotism, forbid that it should be passed over in silence, although it would be in exact accordance with the custom of the day. For it has become so unfashionable and seemingly unlearned, to refer to the early physicians of this country, unless by the way of derision, that few have the temerity to do it.

"The early physicians of America were generally men of remarkable character, particularly those who lived during the

latter part of the eighteenth century. They, as a general rule, had been well educated, and the peculiar scenes and circumstances with which they were surrounded, seemed to give them great energy and independence of mind. For awhile they bowed to foreign authority, as obsequiously perhaps as some of their descendants now do; but this, in those days, was to be expected, for, as a matter of course, they had been educated in the old country, and there had obtained not only their science, but their opinions also. However, not many generations had passed away when the medical mind had become as free as the political mind, and as competent to perform great deeds. At the time of the war of the revolution, we had physicians who, in ability, have never been surpassed. They possessed an intelligence, a solidity of thought and a philosophical strength that have rarely been equalled, and their success in practice, I am confident, has never been excelled. Their writings, in proportion to their extent, possess a value which is without comparison, and they should be diligently read by every American physician. But, sad to relate, they are rapidly passing from the memory of man, almost out of print, and must soon sink into comparative oblivion, to our eternal shame, unless we cease to present our professional offerings to a foreign Moloch, and exhume our own peculiar medical literature, and cultivate it as such.

"Is it generally known to the mass of American physicians, Dr. BENJAMIN RUSH wrote thirty-six distinct treatises on different medical subjects? And how many are there who read them, and appreciate their value; who ever give his important doctrines a serious or attentive thought; who ever look to him for a principle or a precept; or who ever attempt to obtain a lesson from his eventful life? Again, let me ask how many, at the present day, profit by the almost incomparable experience and teachings of Dr. NATHAN SMITH? And I might extend the same inquiries to the writings of Mitchell, the Millers, Caldwell, Ramsey, Warren, Physic, Bigelow, and a number of others.

"But the writings of these fathers of American medicine, are in a manner 'buried and lost,' and with them the only true basis of American literature. We must do our thinking and investigating, and we must be guided by our own philosophy. So long as we are satisfied with merely imbibing the froth and scum of medical science, which floats to us through the medical press from the other side of the Atlantic, so long will our native energies remain, to a great extent, inactive; so long will we remain without a literature characteristic of ourselves, or

which will represent in a favorable light the medical mind and talent of the nation; and so long shall we remain comparatively destitute of ample medical libraries. Without literature, and without libraries, judicious physicians will never feel themselves competent to write for the medical public, and their observations and experience, however extensive and valuable, must die with their physical bodies; and editors of medical journals, when they have called in vain for communications, will have to fill out their columns, as usual, with extracts from foreign matter, and necessarily diluted editorials.

"It has been justly remarked, by Frederick Schlegel, a distinguished German writer, that 'every separate and independent nation has the right to possess a literature peculiar to itself.' He of course referred to general literature; but does not the remark apply as well to medical literature? How can medical science be cultivated by a nation unless it has a literature of its own? Without this, its medical mind must be feeble and diminutive, or the mere reflection of that of some other country. It is a lamentable truth that we do not possess a medical literature that bears the impress of originality and independence—the innate sagacity and stubborn philosophy of the American character exhibited in other departments of science and literature. Is there not some obvious cause for this state of things? A modern writer of medical history remarks, that 'for centuries all the improvements in medicine which were even contemplated, consisted of but little more than illustrations of the doctrine of Galen, or commentaries on his writings.' And whoever continues the history of medicine will have to write the history of a similar, though I hope, shorter period, by adding, at least, that for a period of nearly fifty years, ending about the middle of the nineteenth century, the physicians of America did but little more than 'illustrate' and 'comment' upon the medical dogmas received from Europe. Again, our medical students, as a general rule, do not receive an adequate preliminary education. Indeed, there is not as much attention paid to this as there was a half century ago; they are taught medicine more as an art than as a science, founded on a broad and far reaching basis. Our teachers, with some very honorable exceptions, are not men of deep learning or research. Our medical journals that are mostly patronized, are mere reprints of foreign publications. Our authors, with few exceptions, are, in the language of Sprengel, 'mere frigid compilers'; they are mere chroniclers of other men's ideas, and hirelings of book publishers. They import their opinions from a foreign market, and clothe themselves in the cast-off garments of foreign au-

thors, and verily may be characterized as *sui generis*, a cross between the ape and the snob. And it has come to be the case, that if an American physician attempts to write an original work, without adopting a foreign dress, model, or system, his own brethren either 'damn him with faint praise,' or criticise him to death. I would like to run through the list of our medical works, and show what servility is paid to foreign writers, but time would not permit. However, I cannot do less than name an instance or two, meaning no disrespect to the authors, and only selecting these particular works because they have attracted most attention, and are, perhaps, among the most learned and ingenious specimens of our literature. The work of Dr. Meredith Clymer, on fever, is made up almost entirely from the contributions of Drs. Christison, Shapter, Burrows, Gregory, and Locock, to 'Tweedie's Library of Practical Medicine,' when abundant materials, in my humble opinion, far better, might have been found at home. And the writings of Drs. Bartlett and Flint, on fever, are but little more than 'illustrations and commentaries' on the dogmatic pathology of Breteneau and Louis. Now, it seems to me, that these authors, and others of a kin, have sold their birthright for a mess of pottage; have left a rich inheritance of truth, to quaff the merest foibles of foreign theorists, and have left their own native medical literature, and sound knowledge, to sport in the freaks and fashions of foreign capitalists.

"For such reasons, the medical mind in this country seems, in some respects, to have deteriorated, to have lost much of its independent action and pristine energy. There was a time in our history when our physicians did not so servilely follow everything that was foreign. When the yellow fever broke out in this country, about the commencement of the present century, several foreign physicians commenced writing upon it; several in France, one in Ireland, and, finally, Dr. Haygarth, of England. The latter wrote a book upon it, and sent a copy of it to the College of Physicians at Philadelphia, for the purpose of instructing them in the prevention and extermination of the American pestilence, as it was then called. A letter, in reply, was immediately thereafter sent to England, giving an expression of the sentiments of American physicians, touching the gratuitous services of Dr. Haygarth and his co-laborers. This letter is worthy of immortality, and it should be attentively studied by all our medical snobs, both of this and of all future generations. I can only quote a single passage from it. The writer says: 'Although the American States can no longer be viewed as colonies or provinces dependent upon the politics or

government of sovereign Europe; still the schools of that quarter of the globe claim America as a district of their literary empire, and usurp scientific dominion over the minds of her inhabitants. They pretend, that they must see for them, and hear for them, and feel for them, and not they for themselves. They affect to gather facts for them, to make experiments for them, to reason for them, and to judge for them, lest through their extreme imbecility they should go astray.' 'But,' the writer further remarks, 'it is time for Americans to abjure publicly all such supremacy, and to assert their own dignity and privilege; to declare that on the ground of free, fair, and equal discussion, they will meet them as philosophical friends; but to proclaim that they will exercise their senses, their understandings, their judgments, free from all authority, dogmatism, or any other control, save truth alone.' He further remarks: 'Is there some hebetude of intellect, some unhappy defect of capacity, which distinguishes and degrades the man of the West? We shall not affirm positively that this is not the case, though we certainly have no evidence to convince us that it is. On that point we shall be content to let their comparative merits be judged of by others.' The only difference in the two instances of literary despotism, is, that, at the present time, it is self-imposed.

"It is very true, that we have some fearless and independent talent at the present day; and I think, of this, the West has her full share. But its struggles against the tides are truly hard and perplexing. To give some idea of this, I will present a few instances near home. Prof. BRAINARD, of Chicago, had the resolution to presume to give the Academy of Sciences, of Paris, some months since, a lesson on the treatment of poisoned wounds. It seems to have been well received, and created some sensation over the water. But on this side it could scarcely be credited. It seemed so improbable, that it was thought that there must be some mistake in the name. So Dr. BRAINARD'S name was mutilated and rendered peculiarly French, and he transformed into a Frenchman, residing at Paris; and thus he became '*M. Benard*,' and was made to go the rounds of our newspapers as the author of the paper above referred to. Again, Dr. BENNETT DOWLER, of New Orleans, had the audacious independence to dissect a live alligator, for the purpose of testing the accuracy of some modern physiological doctrines; and, forthwith, a representative of the English school of physiologists came to America to look to their laurels; but what is to be particularly regretted in the case, is, that Dr. DOWLER'S efforts have been passed over by most of the medical

press of this country, as unprofitable and useless innovations, and not worthy of serious consideration. Another case in point, which I wish particularly to notice, because it more immediately concerns us in our general practice, is this:—Not long since, there appeared in the *North-Western Medical and Surgical Journal*, several articles on the subject of fever, written by Prof. DAVIS, of Chicago. In those articles, the author advanced some very important ideas bearing upon what I wish to call the *American doctrine of fever*, the *unity* of fever as it is termed; which doctrine, allow me to say, I regard as truthful as nature itself. It has been advanced and supported by the most able and distinguished of American physicians, and first of all by Dr. BENJAMIN RUSH. It is supported by facts which are incontrovertible, and in these articles of Prof. DAVIS', a fund of new argument is brought to their support. Yet the followers of the 'little gland,' and nosological schools can see no force in his arguments, and they regard the doctrine as a homespun utopianism, and not worthy of their attentive consideration. And let me add, that this is the fate of nearly every thing written by Americans of original and independent thought.

"But why does such a state of things exist? It is because the medical mind of this country has become so completely entangled with foreign doctrines, especially with regard to practical medicine, that it has become in a manner paralyzed—its vision distorted, and that it acts merely from habit or by imitation.

"But let it not be understood that we are blind to the great value of foreign medical literature, or that we underrate the improvements and discoveries that are continually being made in the medical sciences in England, and on the continent of Europe, for we are all aware that we could not well do without them. But because we have received a rich legacy from this source, and expect to receive more, we should not act the part of the rich man's son, who having been brought up in wealth and luxury has contracted the vices incident thereto, and stupidly spends his life in the expectation of some day being made great by his patrimony, and finally dies with *dementia* from the gout.

"It may be thought that, in the course of my remarks, I have attached too much importance to the study of medicine, as it has existed in different ages past, that I have counselled a blind adherence to old authority; but let me be clearly understood on this subject. I only advise the study of the past, that we may more clearly understand and appreciate the present, and be better prepared to create a future. As the corner stone

of modern philosophy is laid of ancient materials, so modern literature has its foundation in the past; so must medicine rest upon those truths and those qualities of mind which it has required centuries to unfold. We want the wisdom and experience of physicians of different ages of the world, as the mariner wants the chart of those who have sailed before him. We want to have pointed out to us the rocks on which others have split. We want the mind and philosophy of the past, from which we may select materials to enlarge and strengthen our own. And as Schlegel remarks, in regard to Plato and Aristotle, that 'they have so distinctly marked out the two great paths of human thought and science, that they have remained, and always must remain, the master guides of all succeeding generations;' so may we remark in regard to our great fathers in medicine, that they, in like manner, have so distinctly marked out the great paths of medical thought and medical science, that they likewise must be the master guides of all succeeding generations.

"That the ancients were perfect in knowledge and science, we do not pretend; and if there were defects in ancient medicine, so there were in ancient philosophy, but modern science at once detects these and profits even by the detection. That there were errors and imperfections in the Aphorisms of Hippocrates, the Physiology and Commentaries of Galen, the *Materia Medica* of Aretæus and Dioscorides, the Pathology, Therapeutics, and Surgery of Celsus, the Aphorisms and Institutions of Boerhaave, the Commentaries of Van Swieten, the *Ratio Medendi* of De Haen, the *Methodus Curandi Febres* of Sydenham, the Medical and Surgical Memoirs of Dr. Nathan Smith, and the Medical Enquiries and Observations of Dr. Benjamin Rush, is very evident. But still there is a halo of wisdom and inspiration gleaming from these old volumes, from the potent influences of which no physician should be deprived. No student of medicine can sit down and peruse these old dusty pages without having his mind enlarged and moulded to truer form, his zeal strengthened, and without being made a wiser man, a better physician, and withal incalculably better prepared for medical progress. In these old volumes we find every variety of doctrine, it is true, but the promulgators of these have each done their particular work to advance medical science. The Humoral Pathologists did their work in investigating the morbid changes in the body, and in directing the attention of physicians, for all time, to the subject. The Solidists did a like work in investigating the morbid changes in the solids, and in attaching an importance to the subject that will not be for-

gotten. The Mechanical Pathologists have led us to observe that the animal functions are not wholly beyond the influence of mechanical and physical laws. The Chemical Pathologists have led us to the knowledge that there are chemical affinities which enter into and harmonize with vital action in health, and which prey upon the organs and functions of life, in disease. And those who saw in the human system an *anima*, an *archeus*, or a *vis medicatrix natura*, have directed us onward to most successful research into the laws of vital organization.

"Finally, gentlemen, let us be true to ourselves and to our medical literature, and then we shall be true to our science. Let us be true to ourselves, by taking facts from whatever source they may come, and forming our own opinions. Let us be true to ourselves by rendering available that which is classic in medicine and which is the common inheritance of all men who study the healing art. Let us be true to ourselves by encouraging and sustaining our own medical literature and cultivating it as such. And let us be true to our own fathers in medicine, by giving to their writings that consideration to which they are entitled, and by paying a just tribute to their memory. Great Britain has had her Sydenham, Harv y, and Hunter; France, her Fernel, Lieutaud, and Duret; Germany, her Boerhaave, Haller and Van Sweiten; Spain, her Lully and Arnoldus; Italy, her Mondini, Baglivi, and Burserius; and Arabia, her Rhazes and Avicenna; and these individuals are sacredly embalmed in the memory of their countrymen, and they are to them living lights in the pathway of medical science. America has had her Rush, her Nathan Smith, and their worthy coadjutors, and shall we be less mindful of their virtues, or pay less regard to their precepts?"

Without endorsing all the sentiments contained in the address of Dr. Andrews, we would earnestly commend its perusal to our readers, with the assurance that they will find in it much that is interesting, and many thoughts which are worthy of careful consideration. We wish we could here end our notice of the Transactions before us, but our duty to ourselves and the Society require a decided protest against the style in which they have been printed. If the proof sheets were read at all, they were never corrected, for the typographical errors are as numerous as they are glaring and inexcusable. A typographical error will now and then occur, in all transient publications, and are scarcely worthy of serious notice; but

when they occur at the rate of from one to half a dozen on a page, it betrays too great a degree of carelessness on the part of those whose business it is to read and correct the proof sheets.

The following are the present Officers of the Society, and the Committees from whom reports may be expected at the next meeting, to be held in Vandalia, on the first Tuesday in June.

DR. N. S. DAVIS, Chicago, *President*.

DR. E. R. ROE, Bloomington, F. A. McNEIL, Mt. Morris, *Vice-Presidents*.

DR. J. V. Z. BLANEY, Chicago, *Treasurer*.

DR. E. ANDREW, Peoria, *Secretary*.

DR. PRINCE, Jacksonville, *Assistant Secretary*.

DRS. A. D. STEARNS, — DODGE, F. B. HALLER, Vandalia, *Committee of Arrangements*.

DRS. SAMUEL THOMPSON, Albion, J. W. SPAULDING, Galesburg, J. O. HARRIS, Ottawa, *Practical Medicine*.

DRS. J. W. FREER, Chicago, D. PRINCE, Jacksonville, A. H. LUCE, Bloomington, *Surgery*.

DRS. F. A. McNEIL, Mt. Morris, F. K. BAILEY, Joliet, J. MORSE, Galesburg, *Obstetrics*.

DRS. H. A. JOHNSON, Chicago, J. BLOUNT, Rockford, T. W. THOMPSON, Albion, *Drugs and Medicines*.

SPECIAL COMMITTEES.

Prof. BLANEY, Chicago, *Toxicology of the Alkaloids*.

DAVID PRINCE, Jacksonville, *Orthopædic Surgery*.

DR. F. K. BAILEY, Joliet, *Congestive Intermittents*.

DR. E. ROE, Bloomington, *Influence of civilization and mental culture as a cause of difficult labor*.

DR. W. B. HERRICK, Chicago, *Physiological and pathological properties and influence of fibrine*.

DR. C. R. PARK, on *Pseudarthrosis*.

DR. A. S. McARTHUR, Joliet, on the *physiological explanation of counter irritation*.

DR. N. S. DAVIS, Chicago, on the *alterations of blood in continued fever*.

EDITORIAL.

Esculapian Society.

We learn from Dr. C. M. Hamilton, of Palestine, Illinois, that the next meeting of this Society will be held at York, Clark County, on the last Wednesday in May next. The Esculapian Society is one of the most active and useful Medical Societies in the West. The readers of this Journal have had many good articles from its members, and we trust they may yet have many more.

The article alluded to by Dr. Hamilton, will be thankfully received.

Illinois State Medical Society.

We would remind our readers that the next regular annual meeting of this State Society, is to be held in Vandalia, commencing on the first Tuesday in June. The Delegates from that place, who attended the last annual meeting in Bloomington, assured the Society that a meeting in Vandalia would call out a full delegation from the Profession in the Southern part of the State. We hope it will be so, and also that the profession in the Northern and middle parts of the State will find in this hope an additional motive for the selection of such delegates as will not fail to attend the meeting. We copy from the Transactions a list of the Committees from which reports may be expected at the next meeting, and also the names of the Delegates to the American Medical Association.

The American Medical Association.

The next annual meeting of this Association will commence in Detroit, on Tuesday, the 6th day of May. The Secretary has given notice that the meetings will be held in Fireman's Hall, where Delegates can call to obtain information on their arrival in the city. From present indications, we think the profession of Illinois, and the North-West generally, will be well represented. Let no delegate remain at home from trifling causes.

Delegates to the American Medical Association.

The following are the Delegates appointed by the Illinois State Medical Society, to attend the next annual meeting of the American Medical Association, viz: Drs. A. S. McArthur, F. A. McNeil, R. Rouse, C. N. Andrews, S. Y. Baldwin, E. Andrew, H. Noble, G. M. Morse, E. Goodbrake, H. A. Johnson, and Dr. Stearns.

Cook County Medical Society.

At the regular meeting of the Society, held on the first Tuesday evening in April, the following Officers and Delegates were chosen for the ensuing year:—

DR. D. LASKIE MILLER, *President.*

DR. E. ANDREWS, *Vice-President.*

DR. J. H. HOLLISTER, *Secretary.*

Delegates to the American Medical Association: Drs. J. Bloodgood, H. Parker, J. H. Hollister, and E. Andrews.

Delegates to the Illinois State Medical Society: Drs. J. W. Freer, H. A. Johnson, Thos. Bevan, and M. O. Heydock.

Henry County Medical Society.

Pursuant to previous notice, the physicians of Henry County met at Cambridge, March 3, 1856, to organize a County Medical Society.

On motion, E. Pomeroy, M.D., of Geneseo, was called to the chair, and T. D. Fitch, of Kewanee, chosen Secretary.

On motion, we proceeded to the organization of a Medical Society.

On motion, a committee of three, consisting of Drs. O. H. Edwards, T. D. Fitch, and R. J. Stough, were appointed to present a Constitution and By-Laws for said Society.

The committee submitted the following Constitution and By-Laws, which, on motion, were approved and adopted article by article:—

CONSTITUTION.

ART. I. This Society shall be known and designated the *Henry County Medical Society.*

ART. II. The physicians present at the adoption of this Constitution shall be members of the Society.

ART. III. Any regular graduate of an orthodox school, or any physician passing a satisfactory examination before the Board of Censors, may become a member by a vote of the Society.

ART. IV. The officers of the Society shall consist of a President, Vice-President, Secretary, who shall act as Treasurer, and three Censors, to be elected annually by a majority vote of all the members present.

ART. V. The Society shall be governed by the code of ethics adopted by the Illinois State Medical Society.

ART. VI. This Constitution may be altered or amended by a vote of two-thirds of the members present at any regular meeting.

BY-LAWS.

ART. I. Each member shall report a case or read an Essay at every regular meeting, and an additional Essay shall be read at each meeting—the Essayist to be appointed at the previous meeting, in alphabetical order, excepting the annual address, which shall be by appointment.

ART. II. The report of cases and essays made before the Society at its regular meetings, shall become the property of the Society.

ART. III. Any member who has conducted himself properly during his membership, shall, if he require, receive a certificate of character signed by the President and Secretary.

ART. IV. Every member failing to comply with the provisions of Art. 1st of By-Laws, shall for every offence be fined one dollar.

On motion, the Society proceeded to the election of officers, when the following officers were duly elected:—

DR. E. POMEROY, *President*.

DR. J. M. WINN, *Vice-President*.

DR. T. D. FITCH, *Secretary and Treasurer*.

DRs. H. Luddington, R. J. Stough, and O. H. Edwards, *Censors*.

On motion of Dr. Luddington, Dr. T. D. Fitch was appointed a delegate to the American Medical Association.

Horace Luddington, M.D., of Geneseo, was appointed to deliver the annual address before the Society in June.

Dr. Stough moved that the Secretary be instructed to for-

ward the proceedings of this meeting to the *North-Western Medical and Surgical Journal*, and our county papers for publication—carried.

On motion of Dr. Fitch, Society adjourned to meet in Kewanee on the first Monday in June next.

E. POMEROY, M.D., *President*.

T. D. FITCH, M.D., *Secretary*.

TO PHYSICIANS.—I offer for sale a *Skeleton* and a set of *Anatomical Plates*. The *Skeleton* is prepared in the best French style, and perfectly wired, and the plates are of the size of life and accurately colored. The whole is admirably adapted either for an office or for lecturing, and will be sold cheap. Address

J. A. LEONARD, M.D.,

Whitewater, Wisconsin.

Association of Editors.

We copy the following from the April number of the *Philadelphia Medical and Surgical Journal*.

We think an Association of the kind proposed, might be made very useful, and are ready to co-operate in any reasonable movement for effecting its organization:—

“It has been proposed, during several past years, by some of the editors of the medical journals of this country, to form an association of editors; which, by uniting the energies of the medical press upon given subjects calculated to elevate the profession, would be more effective in accomplishing the purposes which an independent and high-toned press could not so readily attain by divided and individual action. This matter has been pressed upon the attention of the profession from year to year without as yet resulting in the object in view. It is to be hoped that the members of the medical press who will meet at Detroit the coming spring in the American Medical Association, will take measures to effect the proposed organization. The only obstacle which we can perceive to this movement, is the fact, that a large proportion of the medical journals of the country, are supposed to represent certain local, private interests, which may conflict with the general interests of the profession. We do not think, however, that there is any *real*

ground for this assumption. In promoting the interests of any locality there need be no conflict with those of the great body of the profession. Let individuals and cliques be forgotten, and the organization will be easily accomplished."

Communication of Syphilis by Vaccine Lymph.

The possibility of communicating syphilis by means of the vaccine lymph is utterly denied by Ricord and Cultierier of France, and Heyfelder and Pauli, two distinguished medical men of Rhenish Bavaria. This opinion we think will not be very readily adopted by the profession without the most indubitable proof, certainly not upon the mere *say so* of any men, however reputable and learned. The above opinion has been called out on the condemnation and imprisonment of a medical man in Bavaria, for vaccinating from a child having syphilitic eruptions.

Nature of the Syphilitic Virus.

M. CASTANO, Physician-Major in the army of the East, regards syphilis as resulting from a vegetable fungiform parasite, the germ of which is developed in the tissues. The cure of venereal affections therefore consists in destroying this new body and the elimination of its spores and sporules from the system. The metallic anti-syphilitics destroy the parasite and render the spores incapable of germination.—*Medical Counselor.*